U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fitnes, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPAIRING THIS REPORT.
1. File Number U - 13204	2. Fiscal Year Covered From:
	i / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Paul m Nikoo	Name Sheet Metal Workers Local Union 218
	Labor Organization File Number 5:7-675
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street \$17 Hill Park Drive.	Street 2855 Via Verde
city Decetor:	City Springfield
State Illinois ZIP Code +4 62521	State Illineis ZIP Code +4 62703
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (exceed as specified in the exclusions set forth in the instructions):

6. Name and address of Employer (including trade name, If any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	7.b. Amount.
Street	7.0. Addount.
City	
State ZiP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Kanl M Man ()

on 8-12-05

217 422 1569

Name of Person Filling Paul M. Nijion		File Number U-
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	s
8. Name and address of Business (including trade name, if any).	9. Business deak with:	
Name International Training Institute for the Sheet metal and Air Conditioning Industry	[V] . Lab	Nia a
Trade Name, if any:	a, Labor Organiza	wn ·
P.O. Box, Bldg Room No., if any	c. Employer	
Street 601 N. Fairfax St. Suite 240		
cay Alexandria		,
State Virginia ZIP Code + 4 22314		
10. If 9.b. or 9.c. is checked give trust or employers name.	11.a. Nature of such deal	ng.
Name	The ITI is	a related trust to
Trade Name, if any:	Local Union 2	718 (
P.O. Box, Bidg., Room No., if any		
Street		
City	11.b. Approximate dollar value 12.a. Nature of interest hel	
State ZIP Code + 4		received represents
	III '	penses for classes attended
	11	e meany Center,
		·
	12.b. Amount.	[337.25]
C. Received from any employer (other than an employer covered under	or nade A and B above)	
or from any labor relations consultant to an employer any payment of money		· · · · · · · · · · · · · · · · · · ·
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City		
State ZIP Code + 4		
	14.b. Amount of payment	
13.b, is the Business an Employer or Consultant ?	1	HSMqS4:8 _6005 .01.8uA
No.18 218 218	I OOMOUM ITTOUTS	

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3209	2 Fiscal Year Covered From:
	i / I / 2004 Through: [12 / 31 / 2004]
3. Name and address of person filing.	4. Name, file number, and address of labor organization
Name Paul Mixon	Name Sheet Metal Workers Local Union 218
	Labor Organization File Number 517-675
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street B 17 Hill Park Drive	Street 2855 Via Verde
City Decatur	City Springfield
State Illinois ZIP Code + 4 62521	State Illinois ZIP Code + 4 G2703
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except its specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
A. Help an interest in, engaged in transactions (inclining loans) with, or monetary value from an employer whose employees your organization.	on represents or is actively seeking to represent
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	7.b. Amount.
Street	7.D. Adridum.
City	,
State ZIP Code + 4	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Janelm R.	On 8-12-05 217 422 1569

Name of Person Filing Paul M. Niskon	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deaks with:	
Name Mid-state Contractors and Shret Metal Workers World 218C JAC Fund	a. Labor Organization	
Trade Name, if any: STAW JIRC JATC	b. Trust	
Street 605 S. Country Foir Drive	C. Employer	
cir Champaign		
State Illinois ZIP Cods +4 (1821	·	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	The SMW 218 C JATE is a related	
Trade Name, if any:	trust to Local Union 218,	
P.O. Box, Bldg., Room No., if any		
Street		<u>-</u>
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State ZIP Code + 4	Ircome received represents wages	
	for teaching apprenticeship classes.	
	12.b. Amount 520 2, °C.	
C. Received from any employer (other than an employer covered under		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		Í
City		
State ZIP Code + 4		
13.b, is the Business an Employer or Consultant ?	AND TO SUDDE 3:41PM SHEETMETAL WORKERS L	

and the

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For Official Use Only Shock of the Instructions Careful READ THE INSTRUCTIONS CAREFUL Company of the Instructions Careful READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT.
1. File Number U - 13204	2. Fiscal Year Covered From: Through: 12 / 31 / 201
3. Name and address of person filing. Name Roul MIXAN	4. Name, file number, and address of labor organization. Name Sheet Metal whiters Local Ucian 218 Labor Organization File Number 517-675
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street F 17 Hill Park Drive Cro Decator	Street 2855 Via Verde City Springfield
State Illinois ZIP Code +4 [6252]	State Illinois ZIP Code +4 (22703)
	isions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any).	on represents or is activally seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Street City	7.b, Amount.
	abure
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

Name of Person Plany Paul M. N. Yor	Lite temper o
B. Held an interest in orderived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwish
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Short Metal Workers Local 218 D Training and Apprentiseship Fund	a. Labor Organization
Trade Name, if any: SMW 218D JATC	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 2914 E. Locust	
civ Decatur	
State Illinols 21P Code + 4 (2521)	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing,
Name	The SMW 2188 SATC is a related trust
Trade Name, if any:	to Local Union 218.
P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate deltar value of such dealing.
City	12.a. Nature of imprest held or income received.
State ZiP Code + 4	Income received represents wages
	for teaching apprenticeship classes.
	12.b. Amount 3246, 13
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or other thing of value.
3.s. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Stred	
City	
State ZIP Code + 4	
13.b, Is the Business an Employer or Consultant ?	14.b. Amount of payment.